

SECTION 1.

MEDICAID PROGRAM RESOURCES

Informational Resources available at www.dss.mo.gov/dms

CONTACTING MEDICAID

PROVIDER COMMUNICATIONS

The following phone numbers are available for Medicaid providers to call the Provider Communications Unit with provider inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and recipient eligibility questions and verification. The toll free line provides an interactive voice response system that can answer questions regarding matters including recipient eligibility, last two check amounts, claim status and procedure code status. Providers must use a touchtone phone to access the system.

Provider Communications	800/392-0938
Interactive Voice Response (IVR)	800/392-0938
Standard Line	573/751-2896

The Provider Communications Unit also processes written inquiries. Written inquiries should be sent to:

Provider Communications Unit
Division of Medical Services
PO Box 6500
Jefferson City, Missouri 65102

VERIZON INFORMATION TECHNOLOGIES HELP DESK **573/635-3559**

Call this number for assistance in establishing the required electronic claims and remittance advice formats, network communication, HIPAA trading partner agreements and assistance with the Verizon Internet billing service.

PROVIDER ENROLLMENT

Providers can contact Provider Enrollment via email as follows for questions regarding enrollment applications: providerenrollment@mail.medicaid.state.mo.us

Changes regarding address, ownership, tax identification number, name (provider or practice), or Medicare numbers must be submitted in writing to:

Provider Enrollment Unit
Division of Medical Services
PO Box 6500
Jefferson City, Missouri 65102

THIRD PARTY LIABILITY

573/751-2005

Call the Third Party Liability Unit to report injuries sustained by Medicaid recipients, problems obtaining a response from an insurance carrier, or unusual situations concerning third party insurance coverage for a Medicaid recipient.

PROVIDER EDUCATION

573/751-6683

Provider Education Unit staff are available to educate providers and other groups on proper billing methods and procedures for Medicaid claims. Contact the Unit for training information and scheduling.

RECIPIENT SERVICES

800/392-2161 or 573/751-6527

The Recipient Services Unit assists recipients regarding access to providers, eligibility, covered and non-covered services and unpaid medical bills.

MEDICAID EXCEPTIONS AND DRUG PRIOR AUTHORIZATION HOTLINE

800/392-8030

Providers can call this toll free number to initiate an emergency request for an essential medical service or an item of equipment that would not normally be covered under the Medicaid program, or to request a drug prior authorization. The Medicaid exceptions fax line for non-emergency requests only is 573/751-2439.

**Health Insurance Portability and Accountability Act
(HIPAA) Information**

Billing providers who want to exchange electronic information transactions with Missouri Medicaid can access the *HIPAA Companion Guide* online by going to the Division of Medical Services web page at www.dss.mo.gov/dms and clicking on the HIPAA Companion Guide link in the Quick Link box at the top of the page.

To access the *X12N Version 4010A1 Companion Guide*: 1) select Missouri Medicaid Electronic Billing Layout Manuals; 2) select System Manuals; 3) select Electronic Claims Layout Manuals; and, 4) select X12N Version 4010A1 Companion Guide.

For information on the Missouri Medicaid Trading Partner Agreement: 1) select Section 1 - Getting Started; and, 2) select Trading Partner Registration.

All questions concerning the Trading Partner Agreement or provider testing schedules are to be directed to the Verizon Help Desk, 573-635-3559.

INTERACTIVE VOICE RESPONSE (IVR)

800/392-0938

The Provider Communications Unit toll-free number, 800/392-0938 is answered by an Interactive Voice Response (IVR) unit which requires a touchtone phone. The nine digit Medicaid provider number **must** be entered each time any of the IVR options are accessed. Callers are limited to ten inquiries per call on any of the options. Providers whose numbers are inactive may utilize the IVR only for dates of service during their active status.

- Option 1 Recipient Eligibility
Recipient eligibility **must** be verified **each** time a recipient presents and should be verified **prior** to the service. Eligibility information can be obtained by a recipient's Medicaid number (DCN), social security number and date of birth, or if a newborn, using the mother's Medicaid number and the baby's date of birth. Callers cannot inquire on dates that exceed one year prior to the current date. Callers will be given a confirmation number and this number should be kept as proof of the information received.
- Option 2 Last Two Check Amounts
Using this option, the caller will be given the last two Remittance Advice (RA) dates, RA numbers, and check amounts.
- Option 3 Claim Status
After entering the recipient's Medicaid number (DCN) and the date of service, the caller will be provided the status of the most current claim in the system containing the date of service entered. The caller will be told whether the claim is paid, denied, approved to pay or is being processed. In addition, the system will give the amount paid, the RA date and the Internal Control Number (ICN).
- Option 4 Procedure Code Status **(ELIMINATED)**
- Option 5 Medicaid Information Messages
The caller will be given the option to select from several recorded messages providing the latest information about the Medicaid program.

INTERNET SERVICES FOR MEDICAID PROVIDERS

The Division of Medical Services (DMS), in cooperation with Verizon Information Technologies, has an Internet service for Missouri Medicaid providers. Missouri Medicaid providers have the ability to:

- 1 Submit claims and receive claim confirmation files;
- 1 Verify recipient eligibility;
- 1 Obtain remittance advices (RAs);
- 1 Submit Adjustments;
- 1 Submit attachments; and
- 1 View and download public files.

The web site address for this service is www.emomed.com. Without proper authorization, providers are unable to access the site. Only providers who are approved to be electronic billers can enroll and utilize the web site services. To participate, the provider must contact the Verizon Information Technologies help desk at (573)635-3559 to obtain an Application for Missouri Medicaid Internet Access Account. A copy of the application is included later in this section. It is available also at the DMS web site, www.dss.mo.gov/dms. The application must be completed and returned to:

Verizon Information Technologies
ATTN: EMC Coordinators
P.O. Box 177
Jefferson City, MO 65102-0177

Once the application has been processed and approved, the applicant will receive a certified letter with the information required to begin using the web site. The letter will include a user ID and an initial password. The user can later change the password to one of the user's own choice.

An authorization is required for each individual person within a provider's office who will be accessing the Internet site.

There is no cost for this service except for the cost of an Internet service provider access to the Internet. Additionally, there are no special software requirements, however, the user (provider) must have the proper web browser. The provider must have one of the following web browsers: Internet Explorer 5.0 or higher or Netscape 4.7 or higher. The Internet site is available 24 hours a day, 7 days a week with the exception of being down for scheduled maintenance.

VERIFYING RECIPIENT ELIGIBILITY THROUGH THE INTERNET

Providers can access Missouri Medicaid recipient eligibility files via the web site. Functions include eligibility verification by recipient ID, casehead ID and child's date of

birth, or Social Security number and date of birth. Eligibility verification can be performed on an individual basis or in a batch file. Individual eligibility verification occur in real-time basis similar to the Interactive Voice Response System, which means a response is returned immediately. Batch eligibility verifications are returned to the user within 24 hours.

A batch eligibility confirmation file can either be downloaded for viewing purposes or to be printed.

MEDICAID CLAIMS SUBMISSION THROUGH THE INTERNET

The following claim types, as defined by HIPAA Transaction and Code Set regulations, can be used for Internet claim submissions:

- < 837 - Health Care Claim
 - Professional
 - Dental
 - Institutional (hospital inpatient and outpatient, nursing home, and home health care)
- < Pharmacy (NCPDP)

The field requirements and filing instructions are similar to those for paper claim submissions. For the provider's convenience, some of the claim input fields are set as indicators or accepted values in drop-down boxes. Providers have the option to input and submit claims individually or in a batch submission. A confirmation file is returned for each transmission.

A batch claim confirmation file can either be downloaded for viewing purposes or to be printed.

OBTAIN A REMITTANCE ADVICE THROUGH THE INTERNET

Providers have the capability to receive and download a Remittance Advice (RA) from the Internet. The RA format complies with the HIPAA 835, Health Care Claim Payment Advice, regulation. Access to this information is restricted to users with proper authorization. The RA must be downloaded in order to be viewed or printed by the provider. Access to this confidential information is restricted to authorized persons only. Call the Verizon Information Technologies Help Desk at 573/635-3559 for required program formats and the Remittance Advice agreement.

ADJUSTMENTS THROUGH THE INTERNET

Providers have options on the Internet Medical, Dental, Inpatient, Outpatient and Nursing Home claims for a "Frequency Code" that will allow either a 7 – Replacement (Adjustment) or an 8 – Void (credit). This will control an individual adjustment or void, but not group adjustments or voids. Claim adjustments and credits can be submitted by utilizing the CLM, field CLMO5-3, segment of the 837 Health Care Claim.

RECEIVE PUBLIC FILES THROUGH THE INTERNET

Several public files are available for viewing or downloading from the web site including the claims processing schedule for the State fiscal year that begins July 1 and ends June 30. Providers also have access to a listing of the Adjustment Reason Codes and Remittance Advice Remark Codes.

Verizon



Application for Missouri Medicaid Internet Access Account

Please print or type information and thoroughly complete steps 1 - 4. *Questions? Call 573-635-3559.*
Complete this form for each person requiring an id and password. Id and password may not be shared between users of the Emomed.com application.

1. User Information – Please type or print legibly

Name of Individual User (first, middle, last)

Social Security Number

Birth Date (mm-dd-yy)

Business Street Address (no P.O. Box)

Business City & State

Business Zip code

(_____) _____
Business Telephone Number

Internet email address (e.g. userid@company.com)

Helpdesk Security Question

(For security reasons, you will be asked for a 'helpdesk security word' when calling for account activities such as password resets. In the event you forget your 'helpdesk security word', the helpdesk person will use this question to jog your memory. Examples include 'What is my mother's maiden name?', 'What is my favorite flavor of ice cream?', etc.)

Helpdesk Security Word

(This word is the answer to the question on the left.)

2. Authorized Medicaid Provider Names & Numbers (please provide all Medicaid Provider Names & Numbers for which you are authorized to manage electronic claim information.) Attach additional sheet if needed.

Provider Name

Provider number

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Provider Name

Provider number

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3. Agreement and Signature

The Undersigned acknowledges, understands and agrees that records and information which are related to the Missouri Medicaid program are confidential and shall be released or revealed only to authorized persons as provided for by law. The Undersigned understands and agrees that state and federal law mandate confidentiality of patient and provider health care information and provide substantial civil and criminal penalties for unauthorized access, use, or disclosure of confidential patient and provider information. The Undersigned on behalf of the business entity and himself or herself acknowledges to keep and maintain confidential all patient and provider information and to only disclose same in the performance of the Undersigned's or the business entity's official duties. In the event the Undersigned or the business entity for whom the Undersigned is employed or acting as agent therefore shall violate state and federal law related to the confidentiality of patient or provider information, the Undersigned and the business entity employing the Undersigned or for whom the Undersigned is an agent thereof shall indemnify, defend and hold Verizon Data Services Incorporated, its parent, affiliates, subsidiaries and contractors harmless from and against any and all claims, demands and actions, (without limiting the generality of the foregoing) which arise out of or relate to any violation of federal and state law, and shall pay all costs including, but not limited to, attorney's fees, judgments, investigative costs and court costs. The Undersigned represents and warrants that he or she has the authority to sign and bind the business entity.

Legal Name of Business Entity

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT ▶	DATE
NOTARY INFORMATION		
NOTARY PUBLIC EMBOSSEER SEAL	STATE OF	COUNTY
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	20__
	NOTARY PUBLIC SIGNATURE ▶	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		USE RUBBER STAMP IN CLEAR AREA BELOW

4. Mail Form to (faxes are not allowed):

Verizon
 Attn: EMC Coordinators
 P.O. Box 177
 Jefferson City, MO 65102-0177

NOTE: after your request is approved and processed, you will receive a certified letter in the mail with all information required to begin using your account. Thank you.

Internal Use Only**Approved By****Account Number****Date processed**

MISSOURI MEDICAID PROVIDER MANUALS ON-LINE

www.dss.mo.gov/dms

How To Download/Print a Provider Manual

The following information assumes you are using a Microsoft Windows based operating system as your operating system. In order to be able to download and use all or a portion of an on-line Medicaid provider manual, you must have Adobe Acrobat Reader. If you already have this on your computer, you may disregard the first section and go directly to the sections detailing how to download and print the manuals.

NOTE: The provider manual information you download is current as of the time it is downloaded. Since periodic updates are made to the manuals, you must do a new download periodically so that your file will have the new or updated information.

A. Accessing and downloading Adobe Acrobat Reader program .

1. Open the DMS home page at www.dss.mo.gov/dms.
2. Scroll down, click on and open the line/link titled "Missouri Medicaid Provider Manuals".
3. In the newly opened page, scroll down and click on the yellow and red box at the bottom of the page titled "Get Acrobat Reader".
4. Once you have opened the Adobe Acrobat page, follow the instructions to download the free Adobe Acrobat Reader program to your computer system. Generally, the program will be installed in the C:/programs folder although you can put it in any folder you want. Download time is approximately 20-30 minutes depending on the speed of your modem and Internet service provider.

B. Downloading and saving all or portions of a provider manual.

1. Go to the DMS home page at www.dss.mo.gov/dms.
2. Scroll down, click on and open the line/link titled "Missouri Medicaid Provider Manuals".
3. A new page will open. Click on the link titled "Missouri Medicaid Provider Manuals".
4. On the left side of the newly opened page, click on the "+" in front of the folder titled "Print A Manual" and click again on the subfolder. This opens a new frame in the upper right area of the screen titled "Print a Manual". In this frame scroll down to the provider manual you want to access and click on the manual to open to its contents page. Disregard the frame in the lower area of the page titled "Search Results".
5. When the page opens, it will display a number of links from which you can choose the one you want. The links allow you to access either the complete manual or sections of the selected manual.

For Internet Explorer Browser Users

For example, if you wish to download the entire physician's manual, place your pointer on the line/link titled "Complete Manual" and right click. A pop-up

menu will appear. Click on the "Save Target As" button. Another pop window (Save As) will appear. Select where you want to save the file and its name. It can be saved either to a floppy disk or to a folder on the hard drive. If you rename the file, be sure to put the .pdf extension at the end of the new name. Click on the save button. The material then will be saved to the location/name you specified. Actual download time will vary depending on the file size of the information you want to download and the speed of your system's modem and your Internet service provider's system. Downloading a complete manual can take 5-10 minutes.

For Netscape Browser Users

For example, if you wish to download the entire physician's manual, place your pointer on the line/link titled "Complete Manual" and right click. A pop-up screen will appear. Click on "Save Link As". In the next pop-up window, select the drive/ folder where you want to save the data. You may rename file if you wish a name other than the name presented by the system. Add or change the file extension to .pdf (at the end of the file name), e.g. change phyman to phyman.pdf. Click save and the data will be saved to the location/name you specified. Actual download time will vary depending on the file size of the information you want to download and the speed of your system's modem and your Internet service provider's system. Downloading a complete manual can take 5-10 minutes.

6. Close the screens all the way back to the browser. Close the browser screen and return to your desktop.

C. Using Adobe Acrobat Reader to access the saved manual file.

1. Open Acrobat Reader either using the desktop icon or the program file.
2. Once the work screen is open, click on "File" in the taskbar.
3. On the task screen, select and click on "Open".
4. Select and highlight the drive location and name of your file. Acrobat Reader then will open your file.
5. You now have the option of viewing or printing all or portions of the file.

D. Printing all or portions of an opened Acrobat Reader Document

1. Click on "File" on the taskbar.
2. On the task screen, select and click on "Print" or "Print Target".
3. You have three options for printing from the file. All - prints the entire file
Current Page - prints only the page you have selected/highlighted. Pages - gives you the option to print a specified range of consecutive pages.
4. When the print command has been sent to the printer, select "File" on the taskbar and "Exit" in the task screen to exit the program and return to your desktop.

CLAIM AND ATTACHMENT MAILING ADDRESSES

Medicaid paper claims and attachments related to claims must be sent to the following address as indicated.

Verizon Information Technologies, Inc.
P.O. Box (see below for correct PO box number)
Jefferson City, MO 65102

P.O. Box 5100..... Inpatient Hospital Claims
P.O. Box 5200..... Outpatient Hospital Claims and RHC Claims
P.O. Box 5300..... Dental Claims
P.O. Box 5400..... Pharmacy Form Paper Claims
P.O. Box 5500..... Nursing Home Paper Claims
P.O. Box 5600..... DME, HCFA-1500, and Home Health Agency Claims
P.O. Box 5700..... Prior Authorization Requests
P.O. Box 5900..... Attachments forms including Second Surgical Opinion,
Acknowledgment of Receipt of Hysterectomy Information, SURS
Referral, Oxygen & Respiratory Equipment Medical Justification
and Certificate of Medical Necessity (DME providers only)

Verizon's physical address is: Verizon Information Technologies
905 Weathered Rock Road
Jefferson City, MO 65101

CLAIMS PROCESSING SCHEDULE FOR STATE FISCAL YEAR 2004

Cycle Run/Remittance Date* -

Friday, June 20, 2003
Friday, July 11, 2003
Friday, July 25, 2003
Friday, August 8, 2003
Friday, August 22, 2003
Friday, September 5, 2003
Friday, September 19, 2003
Friday, October 10, 2003
Friday, October 24, 2003
Friday, November 7, 2003
Friday, November 21, 2003
Friday, December 5, 2003
Friday, December 19, 2003
Friday, January 9, 2004
Friday, January 23, 2004
Friday, February 6, 2004
Friday, February 20, 2004
Friday, March 5, 2004
Friday, March 19, 2004
Friday, April 9, 2004
Friday, April 23, 2004
Friday, May 7, 2004
Friday, May 21, 2004
Friday, June 4, 2004

Check Date -

Monday, July 7, 2003
Monday, July 21, 2003
Tuesday, August 5, 2003
Wednesday, August 20, 2003
Friday, September 5, 2003
Monday, September 22, 2003
Monday, October 6, 2003
Monday, October 20, 2003
Wednesday, November 5, 2003
Thursday, November 20, 2003
Friday, December 5, 2003
Monday, December 22, 2003
Monday, January 5, 2004
Tuesday, January 20, 2004
Thursday, February 5, 2004
Friday, February 20, 2004
Friday, March 5, 2004
Monday, March 22, 2004
Monday, April 5, 2004
Tuesday, April 20, 2004
Wednesday, May 5, 2004
Thursday, May 20, 2004
Monday, June 7, 2004
Monday, June 21, 2004

*The Cycle Run Dates are tentative dates calculated by the Division of Medical Services. The dates are subject to change without prior notification.

*All claims submitted electronically to Verizon, must be received by 5:00 p.m. of the Cycle Run/Remittance Advice date in order to pay on the corresponding check date.

State Holidays for State Fiscal Year 2004

July 4, 2003 Independence Day
September 1, 2003 Labor Day
October 13, 2003 Columbus Day
November 11, 2003 Veteran's Day
November 27, 2003 Thanksgiving
December 25, 2003 Christmas

January 1, 2004 New Years Day
January 19, 2004 Martin Luther King Day
February 12, 2004 Lincoln's Birthday
February 16, 2004 Washington's Birthday
May 10, 2004 Truman's Birthday
May 31, 2004 Memorial Day